# **Medical Care Advisory Committee**

Minutes of August 16, 2018

## **Participants**

### **Committee Members Present**

Dr. William Cosgrove (Chair), Jessie Mandle (Vice Chair), Mark Brasher, Jenifer Lloyd, Christine Evans, Adam Cohen, Mark Ward, Dale Ownby, Debra Mair, Randy Crocker (On Behalf of Doug Springmeyer).

### Committee Members Absent

Danny Harris, Ginger Phillips, Pete Ziegler Donna Singer, Sara Carbajal-Salisbury.

### **DOH Staff**

Nate Checketts, Krisann Bacon, Ginny Henderscheid.

#### Guests

Joyce Dolcourt-LCPD, Kris Fawson, USILC, Jessica Sanders, U of U, Division of Family Planning, (via phone) Kellie Peterson, Healthy U (via phone), Shannon Madden, Computer Access (via phone).

### Welcome

Meeting commenced at 2:06 p.m. Jessie proceeded to welcomed all attendees present. Jessie welcomed new MCAC member, Dr. Robert Baird representing the dental community who will sit on the board next month.

## **Approval of Minutes**

The July 19, 2018 draft minutes were tabled as at this time there was not a full quorum.

# New Rulemakings Information – Craig Devashrayee

**R414-9 Federally Qualified Health Centers and Rural Health Clinics (Five-Year Review):** The Department will continue this rule because it implements services in federally qualified health centers and rural health clinics as described in the Medicaid provider manual and in the Medicaid State Plan. Filed 7/27/2018 with an effective date of 7/27/2018.

## Eligibility Enrollment Update Information - Lane London

Medicaid, CHIP, and PCN number of persons.

- PCN numbers have dropped but due to the current open enrollment next month, this will rise
- CHIP steady and constant
- Medicaid graph line shows a slight dip

Medicaid Enrollment chart regarding adults, people over age 65, people with disabilities, and pregnant women.

- Adult population is increasing
- People with disabilities indicates a consistent line
- People over age 65 is steady
- Pregnant women constant as well

Children Medicaid enrollment graph reflects and mirrors the Medicaid population with a slight dip.

## Targeted Adult Medicaid (TAM) Expansion Report – Brian Roach

Brian reported the total TAM enrollment by Month. TAM enrollment increased approximately 250 in July making a total of 2,931 enrolled. The monthly TAM Expenditures shows that May 2018 was higher than normal in terms of in-patient hospital charges but has leveled off and is keeping in pace with enrollment growth.

Adam Cohen asked if this was the expectation. Nate confirmed it was in the general range of what was anticipated with the exception of funding residential services which was not part of the fiscal note. Expenditures for this service are rather large. This will be watched closely, there may be discussions of capping enrollment or requesting additional dollars from the legislature if enrollment exceeds the funding amount.

Jessie asked what the plans were for renewals. Nate responded they will be working with partners and community groups and providing information to remind them of the upcoming renewals.

Total Expansion Parents Enrollment by Month. Brian reported June 2018, showed 4,685 enrollment with a decrease in July to 4,433. Brian reasoned the decrease may be that the 2,599 enrollment group in July 201 are now currently in the 12-month review period as of July 2018. Potential causes include delays in eligibility and getting re-established in the renewal process.

The Monthly Expansion Parents Expenditure. Monthly expenditures represent total payments to providers and managed care organizations. Brian reported the numbers are consistent with overall state-wide average of 80% to ACO organizations.

### Access Monitoring Review Plan Update – Krisann Bacon

Krisann gave an overview of Utah's Access Monitoring Review Plan.

November 2015, the Federal Centers for Medicare and Medicaid Services (CMS) published a final rule implementing the equal access provision of the Social Security Act that requires state Medicaid agencies to develop a medical assistance access monitoring review plan. In accordance with the final rule DMHF is developing an Access Review Monitoring Plan (ARMP) for the following services:

- Primary care services
- Physician specialist services
- Behavioral health services
- Pre- and post-natal obstetric services, including labor and delivery
- Home health services

Krisann reported on the fee-for service population, county groupings, data sources, and data model. The UAMRP (Utah Access Monitoring Review Plan) can be found at <a href="https://medicaid.utah.gov/uamrp-utah-access-monitoring-review-plan">https://medicaid.utah.gov/uamrp-utah-access-monitoring-review-plan</a>.

Jessie asked about the review plan and updates. Krisann reported the regulations require that the Division submit a review plan to CMS every three years. The next monitoring review will be submitted October 2019. An update will be given periodically to the MCAC.

Jessie asked about similar regulations on the managed care side. Emma responded standards are still being looked at to see if they can be replicated. Nothing is in place at this time

## Director's Report - Nate Checketts

• Last month Utah received a visit from a CMS project officer to review the 1115 Waiver program. Adam Cohen, Dale Ownby, and AUCH hosted visits from the project officer, the results were positive.

- Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program. This transition program assists
  individuals who may be interested in moving from an intermediate care facility to Home and Community-Based Services
  (HCBS). Nate reported with additional appropriations received, a total of 46 individuals may be assisted. Meetings will be
  held in September and October at facilities for feedback on the transition process and to present opportunities to residents.
- Working on implementation of the Federal Settings Rule which is set to take effect in 2022. Efforts are being made to educate and meet with providers on how to implement the rule. An area of interest to the legislature is shelter workshops. A meeting is set specifically for feedback to discuss this issue next week on August 20.
- A Request for Proposal (RFP) process took place earlier this year and selected two vendors for managed care dental services. Premier Access and MCNA will start services September 1, 2018, in the four Wasatch Front counties. On January 1, 2019, the dental vendors will start providing state-wide manage care services
- There will be a change in Molina's provider network on September 1, 2018. University of Utah's hospitals, clinics and providers will no longer be on Molina's provider network. U of U pediatric providers at Primary Children's locations will continue to be available for children with a Molina health plan. Molina members will be able to access University of Utah providers through August 31, 2018. Molina Healthcare is in the process of adding providers to their network.

Joyce Delocourt requested Nate to comment on the New York Times article that indicated the pending state 1115 waivers would not be approved. Nate stated that the Division was not included in any discussions relating to the article and could not confirm where the information came from.

## **Approval of Minutes**

With added MCAC members present a quorum was confirmed. Dr. Cosgrove requested the committee to review July 19, 2018 minutes for changes or corrections. No corrections were noted.

**MOTION:** Mark Ward motioned for the approval of the July 19, 2018 minutes. Debra Mair seconded the motion. All were in favor. None opposed.

### Other

Krisann reported on the three MCAC vacancies: 1) A representative from the Local Health Departments 2) a pharmacy representative 3) an individual with a disability. Krisann reported MCAC Bylaws state that 51% of the committee makeup should be from the consumer side and 49% from the provider side.

A guest asked the process of filling a position on this board. Nate gave a brief summary of the process. Krisann reported appointments are selected by Dr. Joseph Mines, Director, Utah Department of Health.

With no further business to conduct, Dr. Cosgrove requested a motion to adjourn.

MOTION: Mark Ward made the motion to adjourn meeting. All were in favor. None opposed.

Adjourn Meeting was dismissed at 3:09 p.m.